Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kathleen Marcaccini **DATE:** 04/08/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Personal Vehicle Mileage Use - NFN SPU Trailer

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
02/10/2026	Personal vehicle mileage reimbursement transportation of Nuchatlaht		362	
	SPU Trailer to Oclucje			157.3
	01-2-272-320 M364			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	362	157.3
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 264.26	$ 133.71
		(a)	(b)	(c)

	(a+b+c)	
TOTAL EXPENSES	$	397.97
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$	397.97

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates

2. Non-Commercial Accommodations => $35/night

3. Per Diem & Meal Allowance => $125/day

Rate Breakdown:

- Breakfast -> $20
- Lunch -> $25
- Dinner -> $35
- Incidentals -> $45 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

SIGNATURE OF PERSON MAKING CLAIM — 04/08/2026 DATE

Approved for Payment	01-2-272-320 M364 Account No.	Vendor No.

M364

2639

Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kathleen Marcaccini DATE: 04/08/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Personal Vehicle Mileage Use - ESS Training

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
03/20/2026	Personal vehicle mileage reimbursement ESS Training in Campbell River		168	
	01-2-272-320			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	168	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 122.64	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 122.64
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 122.64

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates

2. Non-Commercial Accommodations => $35/night

3. Per Diem & Meal Allowance => $125/day

Rate Breakdown:

Breakfast -> $20
Lunch -> $25
Dinner -> $35
Incidentals -> $45 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

SIGNATURE OF PERSON MAKING CLAIM — DATE: 04/08/2026

Approved for Payment	01-2-272-320 Account No.	Vendor No.

Strathcona
REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kathleen Marcaccini **DATE:** 04/17/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Personal vehicle use initial setup MMFN SPU Trailer

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/15/2026	Personal vehicle use initial setup MMFN SPU Trailer			
	86.3km x 2 = 172.6km		172.6	
	01-2-272-320-M138 EM015 MMFN SPU Trailer			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 0	172.4	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 0.00	$ 125.85	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 125.85
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 125.85

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates

2. Non-Commercial Accommodations => $35/night

3. Per Diem & Meal Allowance => $125/day

Rate Breakdown:
- Breakfast -> $20
- Lunch -> $25
- Dinner -> $35
- Incidentals -> $45 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

SIGNATURE OF PERSON MAKING CLAIM — 04/17/2026 DATE

Approved for Payment	01-2-272-320 Account No.	Vendor No.

M138 EM015

Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
EXEMPT STAFF

NAME: Kathleen Marcaccini **DATE:** 04/20/2026

ADDRESS: [redacted]

PURPOSE OF CLAIM: Reimbursement for mileage - MMFN SPU Trailer

Date	Description of Expense (include from & to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
04/20/2026	Use of personal vehicle from Sayward to Tsa'xana to deliver		378.40	
	MMFN SPU Trailer			
	01-2-272-320 M138 EM015			
	MMFN FireSmart Grant			
	Home Depot Mounting Hardware			
	Subtotal	13.56		
	PST	0.68		
	GST	0.95		
	Total 15.19			
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ 15.19	378.4	0
	RATE/KM	n/a	$ 0.73	$ 0.85
	TOTAL CLAIM	$ 15.19	$ 276.23	$ 0.00
		(a)	(b)	(c)

(a+b+c)

TOTAL EXPENSES	$ 291.42
Less Advance Acct 01-3-000-649	$
NET CLAIM	$ 291.42

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. Commercial Accommodation => Actual Cost @ Gov't Rates

2. Non-Commercial Accommodations => $35/night

3. Per Diem & Meal Allowance => $125/day

Rate Breakdown:

- Breakfast -> $20
- Lunch -> $25
- Dinner -> $35
- Incidentals -> $45 (for trips in excess of 24 hrs only)

4. All other expenses => Actual Cost

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

04/20/2026

SIGNATURE OF PERSON MAKING CLAIM — DATE

Approved for Payment	Account No.	Vendor No.